Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

10-656-290

| CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN   |   |   |                |   |                              |                   |        |                 |                        |        |                     | THAN                                  |
|--|---|---|----------------|---|------------------------------|-------------------|--------|-----------------|------------------------|--------|---------------------|---------------------------------------|
|  |   |   |                |   |                              | nn 2)             | TYPE   | TYPE            |                        |        | SMALL               | ENTITY                                |
| TOTAL CLAIMS   |   |   | 30             |   |                              |                   |        | TE              | FEE                    |        | RATE                | FEE                                   |
| FOR  |   |   | NUMBER FILED   |   | NUMBE                        | NUMBER EXTRA      |        | C FEE           | 375.00                 | OR     | BASIC FEE           | 750.00                                |
| TOTAL CHARGEABLE CLAIMS  |   |   | 30 minus 20=   |   | * (0                         |                   | X\$    | 9=              |                        | OR     | X\$18=              | 180                                   |
| IND  | EPENDENT-CL   | AIMS  | 3 minus 3 =    |   | * O                          |                   | X      | 2=              |                        | OR     | X84=                |                                       |
| MU   | LTIPLE DEPEN  | DENT CLAIM PI                               | RESENT         |   |                              |                   | +1     | 40=             |                        | OR     | +280=               |                                       |
| * If   | the difference  | in column 1 is                              | less than ze   | than zero, enter "0" in column 2        |                              |                   | ТО     | TAL             |                        | OR     | TOTAL               | 930                                   |
| CLAIMS AS AMENDED - PART II  |   |   |                |   |                              |                   |        |                 |                        |        | OTHER               | THAN                                  |
|  |   | (Column 1)                                  | nn 2)          | (Column 3)                              | SM                           | ALL               | ENTITY | OR              | SMALL                  | ENTITY |                     |                                       |
| AMENDMENT A  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                | HIGH<br>NUMI<br>PREVIO<br>PAID          | BER<br>DUSLY                 | PRESENT<br>EXTRA  | RA     | TE              | ADDI-<br>TIONAL<br>FEE |        | RATE                | ADDI-<br>TIONAL<br>FEE                |
|  | Total   | *   | Minus          | **                                      | <u> </u>                     | =                 | X\$    | 9=              |                        | OR     | X\$18=              |                                       |
|  | Independent   | *   | Minus          | ***                                     | F OL AINA                    |                   | X4     | 2=              |                        | OR     | X84=                | :                                     |
|  | FIRST PRESE   | NTATION OF M                                | ULTIPLE DEF    | ZENDEN                                  | CLAIM                        |                   | +14    | <del>1</del> 0= |                        | OR     | +280=               |                                       |
|  |   |   |                |   |                              |                   |        | OTAL            |                        | OR     | TOTAL<br>ADDIT. FEE |                                       |
|  |   | ADDIT                                       | . FEE          |   |                              | ADDII. FEE        |        |                 |                        |        |                     |                                       |
| AMENDMENT B  |   | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |                | (Colur<br>HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>BER<br>OUSLY         | PRESENT EXTRA     | RA     | TE              | ADDI-<br>TIONAL<br>FEE |        | RATE                | ADDI-<br>TIONAL<br>FEE                |
|  | Total   | *   | Minus          | **                                      |                              | =                 | X\$    | 9=              |                        | OR     | X\$18=              |                                       |
|  | Independent   | *   | Minus          | ***                                     | ·                            | =                 | X4     | 2=              |                        | OR     | X84=                | · · · · · · · · · · · · · · · · · · · |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                |   |                              |                   |        |                 |                        |        |                     |                                       |
|  |   |   |                |   |                              |                   |        | 10=             |                        | OR     | +280=               |                                       |
|  |   |   |                |   |                              |                   |        | OTAL<br>FEE     |                        | OR     | TOTAL<br>ADDIT. FEE |                                       |
|  | (Column 1) (Column 2) (Column 3)  |   |                |   |                              |                   |        |                 |                        |        |                     |                                       |
| AMENDMENT C  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                | PREVI                                   | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA  | RA     | TE              | ADDI-<br>TIONAL<br>FEE |        | RATE                | ADDI-<br>TIONAL<br>FEE                |
|  | Total   | *   | Minus          | **                                      |                              | =                 | X\$    | 9=              |                        | OR     | X\$18=              |                                       |
|  | Independent   | *   | Minus          | ***                                     |                              | =                 | X4     | 2=              |                        | OR     | X84=                |                                       |
| <u> </u>   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                |   |                              |                   |        | 10=             |                        |        |                     | 1                                     |
|  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |                |   |                              |                   |        |                 |                        | OR     | +280=               |                                       |
| ** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  TOTAL ADDIT. FEE |   |   |                |   |                              |                   |        |                 |                        |        |                     |                                       |
|  | If the "Highest Nu  | mber Previously P                           | aid For" IN TH | IS SPACE                                | is less tha                  | n 20, enter "20." |        |                 |                        | OR     | TOTAL<br>ADDIT. FEE |                                       |